

May 29, 2024

Alexander & Lauren Lasry 2569 N Wahl Ave Milwaukee, WI 53211

Re:

Historic Tax Credit Certification Application

Project Number WI240213-WI240215 Reviewed: Conditionally Approved

Dear Alexander & Lauren Lasry,

On May 20, 2024, the State Historic Preservation Office received a Historic Tax Credit Certification Application for your property at 2569 N Wahl Avenue in Milwaukee. Enclosed is a copy of the signed Part 1 application indicating your house has been determined to be a historic property for purposes of this program.

We have reviewed the Part 2 application and determined the proposed project will meet the "Secretary of the Interior's Standards for Rehabilitation" if the conditions on the following page are met. Enclosed is a copy of the signed Part 2 application.

The final review of your project on the Part 3 applications will be conducted together when the scope of work of all three applications (WI240213, WI240214 and WI240215) are completed and submitted to our office for review.

If questions arise during your project, we have many new articles about maintaining and preserving historic buildings that you may find useful: www.wisconsinhistory.org/preserve-your-building

When all work is completed, the project must be closed out in order to claim/retain tax credit.

- 1. Take photographs showing the whole house from all sides, as well as detailed photos of the specific work that was completed. These photos should be printed in color and of a high resolution.
- 2. Keep the pink form included with this letter (*Part 3: Request for Certification of Completed Work*). Fill it out with the *actual* costs of the eligible project work, and submit it with the photos of completed work. This Part 3 form, with a signature from our office, will be required by the Wisconsin Department of Revenue to claim the tax credits.

If you have questions about this approval or the conditions, please contact Paul Porter at 608-264-6491 or Faul Forder (Conference) in the conditions, please contact Paul Porter at 608-264-6491 or Faul Forder (Conference) in the conditions, please contact Paul Porter at 608-264-6491 or Faul Forder (Conference) in the conditions, please contact Paul Porter at 608-264-6491 or Faul Forder (Conference) in the conditions, please contact Paul Porter at 608-264-6491 or Faul Forder (Conference) in the conditions, please contact Paul Porter at 608-264-6491 or Faul Forder (Conference) in the conditions (Conference) in the condition (Conference) in the c

Sincerely

Paul Porter

Tax Credit Reviewer-Eastern District



ASSIGNED PROJECT CONDITIONS

Homeowner Copy

PROPERTY NAME: Jessie and John F. Kern House PROJECT NUMBER: WI240213-WI240215 2569 N Wahl Avenue Milwaukee

In order for your project to be approved for income tax credits the following conditions must be met. A second copy of these conditions are being provided for your contractor's use. It is the homeowner's responsibility that all conditions are met. Failure to meet these conditions results in project denial.

- 1) Asphalt shingles are recognized as an acceptable substitute to wood shingles however the proposed shingle should not create a new aesthetic. Standard 3 tab shingles or architectural shingles with a light shadow line are approved. Architectural shingles with uneven bottom edges or heavy, fake shadow lines are not approved. Dark grey, black, dark brown and reddish brown (earth tones) are the most appropriate colors. Red, green and blue shingles are not appropriate unless there is documentation that this was the historic color.
- 2) If the roofing work involves installation of vents, the following types of vents are approved: 1) shingle-over roll ridge vents (low profile) that run the ENTIRE length of the ridge, covering 100% of any ridge they are installed on, or 2) "mushroom" or "slant-back" vents installed on the rear portions of the roof, not visible from public rights-of-way. If you elect to install other types of vents or vents in different locations, you must submit manufacturer's information for review and approval prior to installation.
- 3) When installing new flashing or counterflashing at a brick surface (e.g. chimney, wall), the flashing must be stepped or cut into the mortar joints. The bricks may not be cut to install flashing at an angle.

Paul Porter for Daina Penkiunas, State Historic Preservation Officer

DATE



ASSIGNED PROJECT CONDITIONS

Contractor Copy

PROPERTY NAME: Jessie and John F. Kern House PROJECT NUMBER: WI240213-WI240215 2569 N Wahl Avenue Milwaukee

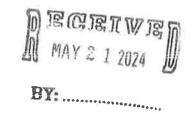
In order for your project to be approved for income tax credits the following conditions must be met. A second copy of these conditions are being provided for your contractor's use. It is the homeowner's responsibility that all conditions are met. Failure to meet these conditions results in project denial.

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- 3) When installing new flashing or counterflashing at a brick surface (e.g. chimney, wall), the flashing must be stepped or cut into the mortar joints. The bricks may not be cut to install flashing at an angle.

Paul Porter for Daina Penkiunas, State Historic Preservation Officer

DATE





PART 1 - EVALUATION OF SIGNIFICANCE

1.	PROPERTY ADDRESS	Street 2569 N WA	HL AVENUE		AHI 20213
		City MILWAUKEE		County MILWAUKEE	ZIP 53211
	Listed individually in	the State Register	or National Re	gister. COMPLETE THIS PAGE	ONLY
	LISTING NAME_JESS	SIE AND JOHN F. K	ERN HOUSE		
				ic district. COMPLETE THIS P	'AGE ONLY
	NAME OF HISTORIC	DISTRICT NORTH P	OINT HISTOR	IC DISTRICT	
	or National Register	IFICATION Not liste historic district - CC	ed in State Regi DMPLETE BOTH	ster or National Register or I I PAGES	ocated in a State Register
2,	OWNER'S NAME ALEXA	NDER AND LAURE	EN LASRY		
	Street 2569 N WAHL AV	'ENUE			
	City MILWAUKEE Email address LASRYAJ	State_WI	ZIP 53211	Telephone (days)	
	Email address LASRYAJ	@GMAIL.COM			
3.	PROJECT CONTACT MAT	TSMIES			
	Email address MATT@C	USTOMCRAFT.CC		Telephone (days) 920) /946-2566
4.	PHOTOGRAPHS Please 6 in color, at least 4" x 6",	enclose photograph commercially printe	s of the exterior	or of the building to be rehab how all sides of the building	oilitated. Photos should be
5.	OWNER'S CERTIFICATION correct and that I own the in the application may be SIGNATURE OF OWNER SEND COMPLETED APPLI	cations to State	ed above. I und I sanctions. Historic Pyese onsin Historica	DATE 5/7 Prvation/Office al Society – Room 312 ladison, WI 53706	n of factual representations
	the Historic Homeowner's Inc	e has reviewed this app tate Register of Historic come Tax Credit,	Places or Nationa	l Register of Historic Places and is l	14
V	Historic Homeowner's Incom	e Tax Credit.			
	property for purposes of the NON-CERTIFICATION: the procontributing element to a Sta	Historic Homeowner's l operty is not listed in th ite Register historic disti	ncome Tax Credit e State Register of rict or National Re	f Historic Places or National Registe	er of Historic Places, is not a ot appear to meet the State Register
9	XIV			5/2	abu
or D	aina Fenkiunas, State Historic P	reservation Officer		Date	-/-/



PART 2 – DESCRIPTION OF PROPOSED WORK

1.	PROPERTY ADDRESS	Street 2569 N WAHL AVEN	IUE	
		City_MILWAUKEE	County MILWAUKEE	ZIP 53211
2.	OWNER'S NAME ALEX	ANDER AND LAUREN LASR	Y	
	Street 2569 N WAHL A	/ENUE		
	City_MILWAUKEE	State WI ZIP 50	3211 Telephone (days)	/
	Email address LASRYA.	J@GMAIL,COM		
3.	PROJECT CONTACT MA			
	Email address MATT@C	CUSTOMCRAFT.CC	Telephone (days) 920	/946-2566
4.	in the application may b	he property described above e subject to criminal sanction 30 days of the date of completion of the date of completion of the date of the	te information I have provided is, to to the I understand that the falsification on the I understand that the falsification on the I understand that the falsification on the I understand the I understand the I understand I und	f factual representations uest for Certification of
The S	the property is historic prop This is a preliminary determ. Certification of Completed V the property is historic prop conditions are met. This is a Request for certification of aina Penkiunas, State Historic CERTIFICATION THE OWNER MAY NOT CLAIR project does not meet the "S	te has reviewed this application for erty and the rehabilitation as descrination only. Final certification can work has been approved erty and the rehabilitation will mee preliminary determination only. Frompleted Work has been approved. Preservation Officer MITHE TAX CREDIT. The rehabilitation of the Interior's Standard.	the above name property and has determine ibed meets the "Secretary of the Interior's State issued only after work has been completed the "Secretary of the Interior's Standards for inal certification can be issued only after words.	andards for Rehabilitation." ed and a Request for or Rehabilitation" if the attached the has been completed and a 29/24 er of the property and that the attached materials.
For Da	aina Penkiunas, State Historic	Preservation Officer	Date	



PART 1 – EVALUATION OF SIGNIFICANCE

Street_2569 N WAHL AVENUE

1. PROPERTY ADDRESS

	City MILWAUKEE County N	ILWAUKEE	ZIP 53211
	Listed individually in the State Register or National Register. CON LISTING NAME JESSIE AND JOHN F. KERN HOUSE	APLETE THIS PAGE ON	NLY
	Located in a State Register or National Register historic district. NAME OF HISTORIC DISTRICT NORTH POINT HISTORIC DISTRIC		E ONLY
	PRELIMINARY CERTIFICATION Not listed in State Register or National Register historic district - COMPLETE BOTH PAGES	ional Register or loca	ted in a State Register
2.	2. OWNER'S NAME ALEXANDER AND LAUREN LASRY		
	Street 2569 N WAHL AVENUE		
	City MILWAUKEE State WI ZIP 53211 Tele Email address LASRYAJ@GMAIL.COM	phone (days)/	
	Email address_LASRYAJ@GMAIL.COM		
3.	MATT DAUED		
	Email address MATT@CUSTOMCRAFT.CC Tele	phone (days) 920	,946-2566
4.		ilding to be rehabilita	
5.	correct and that I own the property described above. I understand the in the application may be subject to criminal sanctions. SIGNATURE OF OWNER A SIGNATU	provided is, to the beat the falsification of	factual representations
	SEND COMPLETED APPLICATIONS TO State Historic Preservation Of		
	Wisconsin Historical Society – 816 State Street, Madison, WI		
_			2011-2111
The S	The State Historic Preservation Office has reviewed this application and has determined the the property is listed in the State Register of Historic Places or National Register of Ithe Historic Homeowner's Income Tax Credit. The property contributes to the above-named State Register or National Register historic Homeowner's Income Tax Credit. The property appears to meet the State Register or National Register Criteria for Evaproperty for purposes of the Historic Homeowner's Income Tax Credit. NON-CERTIFICATION: the property is not listed in the State Register of Historic Place contributing element to a State Register historic district or National Register historic or National Register Criteria for Evaluation; therefore, the property is not a historic Income Tax Credit. For Daina Penkiunas, State Historic Preservation Officer	Historic Places and is histor storic district and is histor Huation and, therefore is es or National Register of todistrict, and does not ap	oric property for purposes of tic property for purposes of the determined to be historic Historic Places, is not a pear to meet the State Register the Historic Homeowner's
ψ. D	or some removing series restories reservation officer	Outcox	



PART 2 - DESCRIPTION OF PROPOSED WORK

1.	PROPERTY ADDRESS	Street 2569 N WAH	IL AVENUE		
		City_MILWAUKEE	12-14-5	County MILWAUKEE	ZIP 53211
2.	OWNER'S NAME ALEX		NLASRY		
	Street 2569 N WAHL A				2.00
	CityMILWAUKEE	State WI	ZIP 53211	Telephone (days)	/
	Email address LASRYA	J@GMAIL.COM			
3.	PROJECT CONTACT MA	TT SMIES			
	Email address MATT@C	CUSTOMCRAFT.CC		Telephone (days)	920 / 946-2566
	in the application may b	the property described be subject to criminal s a 30 days of the date o	d above. I une sanctions. I for completion described with the sanctions of	nderstand that the falsification further agree to submit the Report of work or face forfeiture of	Request for Certification of
The S	the property is historic prop This is a preliminary determ Certification of Completed V the property is historic prop conditions are met. This is a Request for Certification of Daina Penkiunas, State Historic -CERTIFICATION THE OWNER MAY NOT CLAIF project does not meet the "S	fice has reviewed this applic perty and the rehabilitation mination only. Final certifica Work has been approved, perty and the rehabilitation a preliminary determinatio Completed Work has been c Preservation Officer	n as described meation can be issued will meet the "ton only. Final cells approved. The chabilitation is necessarily standards for Research in Stan	bove name property and has determented the "Secretary of the Interior used only after work has been composed only after work has been composed only after entification can be issued only after the consistent with the historic characteristics.	r's Standards for Rehabilitation." pleted and a Request for rds for Rehabilitation" if the attached r work has been completed and a water of the property and that the
For D	aina Penkiunas, State Historic	c Preservation Officer			Date



PART 1 – EVALUATION OF SIGNIFICANCE

Street_2569 N WAHL AVENUE

1. PROPERTY ADDRESS

	City_MILWAUKEE County	MILWAUKEE	ZIP 53211			
	Listed individually in the State Register or National Register. Co	OMPLETE THIS PAGE	ONLY			
	Located in a State Register or National Register historic district		AGE ONLY			
	NAME OF HISTORIC DISTRICT NORTH POINT HISTORIC DISTR	RICT				
	PRELIMINARY CERTIFICATION Not listed in State Register or N or National Register historic district - COMPLETE BOTH PAGES	ational Register or Ic	ocated in a State Register			
2.	2. OWNER'S NAME ALEXANDER AND LAUREN LASRY					
	Street 2569 N WAHL AVENUE	300000000000000000000000000000000000000				
	City MILWAUKEE State WI ZIP 53211 Te	lephone (days)				
3.	B. PROJECT CONTACT MATT SMIES					
	Email address MATT@CUSTOMCRAFT.CC Te	elephone (days) 920	946-2566			
4.	1. PHOTOGRAPHS Please enclose photographs of the exterior of the in color, at least 4" x 6", commercially printed and clearly show all s	ouilding to be rehabi ides of the building.	litated. Photos should be			
5.	OWNER'S CERTIFICATION I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions. SIGNATURE OF OWNER DATE 5/7/24					
	SEND COMPLETED APPLICATIONS TO State Historic Preservation C Wisconsin Historical Society					
	816 State Street, Madison, V					
The S	TATE HISTORIC PRESERVATION OFFICE USE ONLY he State Historic Preservation Office has reviewed this application and has determined the property is listed in the State Register of Historic Places or National Register of the Historic Homeowner's Income Tax Credit. the property contributes to the above-named State Register or National Register Historic Homeowner's Income Tax Credit. the property appears to meet the State Register or National Register Criteria for a property for purposes of the Historic Homeowner's Income Tax Credit. NON-CERTIFICATION: the property is not listed in the State Register of Historic Pl contributing element to a State Register historic district or National Register history or National Register Criteria for Evaluation; therefore, the property is not a history Income Tax Credit.	of Historic Places and is his historic district and is his Evaluation and, therefore aces or National Register ric district, and does not	istoric property for purposes of the taric property for purposes of the is determined to be historic of Historic Places, is not a appear to meet the State Register			
or D	or Daina Penkiunas, State Historic Preservation Officer	Date	, ,			



PART 2 – DESCRIPTION OF PROPOSED WORK

1.	PROPERTY ADDRESS	Street 2569 N WAH	L AVENUE		
		CityMILWAUKEE		County MILWAUKEE	ZIP 53211
2.	OWNER'S NAME ALEXA				
	Street 2569 N WAHL AV				1
	City_MILWAUKEE	State	_ZIP 53211	Telephone (days)	/_
	City_MILWAUKEE Email address_LASRYAL	J@GMAIL.COM			
3.	PROJECT CONTACT MA				
	Email address MATT@C	CUSTOMCRAFT.CC		Telephone (days) 920	/946-2566
,	in the application may b	e subject to criminal s 30 days of the date of LICATIONS TO St	sanctions. I for f completion	derstand that the falsification of urther agree to submit the Requestre of work or face forfeiture of an experimental DATI DATION (Control of the control of	uest for Certification of
The S	the property is historic prop This is a preliminary determ Certification of Completed V the property is historic prop conditions are met This is a Request for Certification of aina Penkiunas, State Historic CERTIFICATION THE OWNER MAY NOT CLAIF project does not meet the "S	ce has reviewed this applice erty and the rehabilitation ination only. Final certification only. Final certification only. Final certification is reliminary determination of the completed Work has been preservation Officer. MITHE TAX CREDIT. The reservatory of the Interior's Secretary of the Interior's Secre	as described mation can be issued will meet the ": nonly Final cell approved." The billitation is not an approved the standards for Research and a standards for Research are standards for Research and a standards for Research are standards for Research and a standards for Research are stan	WHS PROJECT No love name property and has determined to the "Secretary of the Interior's Standards only after work has been completed only after work has been consistent with the historic characteristics." For reasons given in the been determined to be historic property.	tandards for Rehabilitation." sed and a Request for for Rehabilitation" if the attached ork has been completed and a 23/24 ter of the property and that the attached materials.
For Da	aina Penkiunas, State Historic	Preservation Officer		Dat	e

Porter, Paul R - WHS

From:

Porter, Paul R - WHS

Sent:

Wednesday, May 29, 2024 1:31 PM

To:

Alexander Lasry; Maritza Quinones

Cc:

Penzkover, Leah X - WHS; Bissen, Kate - WHS

Subject:

RE: WI240213-WI240215, Jessie and John F. Kern House, 2569 N Wahl Ave, Milwaukee

Thank you, Alex, for the shingle color. I will proceed with wrapping up the project review for the new roof.

Cheers,

Paul

Paul Porter

Tax Credit Reviewer-Eastern District

Wisconsin Historical Society 816 State Street, Rm 312 Madison, WI 53706 (608) 264-6491 office

From: Alexander Lasry <lasryaj@gmail.com> Sent: Wednesday, May 29, 2024 11:07 AM

To: Maritza Quinones <mquinones@avenuecapital.com>

Cc: Porter, Paul R - WHS <paul.porter@wisconsinhistory.org>; Penzkover, Leah X - WHS

<Leah.Penzkover@wisconsinhistory.org>; Bissen, Kate - WHS <kate.bissen@wisconsinhistory.org>
Subject: Re: WI240213-WI240215, Jessie and John F. Kern House, 2569 N Wahl Ave, Milwaukee

CAUTION: This email originated from outside the organization.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

Shingle color is Black Pearl.

On May 23, 2024, at 2:45 PM, Maritza Quinones < mquinones@avenuecapital.com > wrote:

Good afternoon Paul,

I have not discussed the shingle color.

Thank you for your guidance.

Alex is away. As soon as I speak to him, I will revert back.

Best,

Maritza

Maritza Quinones Vice President Avenue Capital Group 11 West 42nd Street, 9th Fl. New York, NY 10036 (212) 850-7514

From: Porter, Paul R - WHS <paul.porter@wisconsinhistory.org>

Sent: Thursday, May 23, 2024 2:22 PM

To: Maritza Quinones < mquinones@avenuecapital.com>; Penzkover, Leah X - WHS

<Leah.Penzkover@wisconsinhistory.org>

Cc: Bissen, Kate - WHS < hate hissen@wisconsinhistory.org >; Lasry, Alex < harryi@amail.com > Subject: RE: WI240213-WI240215, Jessie and John F. Kern House, 2569 N Wahl Ave, Milwaukee

THIS EMAIL ORIGINATED OUTSIDE OF AVENUE CAPITAL. Verify the sender before providing any information or opening links and attachments.

Good afternoon Maritza,

Have you discussed the shingle color with Alex and Lauren as to what they want? It wasn't specified in the proposal. I looked at the nine color choices on their website and the only one that I think may be problematic is the Georgian Brick color as that is pretty close to the terra cotta color of the brick on the house. If that is still an outstanding decision to make, here is our guidance on shingle selection.

Asphalt shingles are recognized as an acceptable substitute to wood shingles however the proposed shingle should not create a new aesthetic. Standard 3 tab shingles or architectural shingles with a light shadow line are acceptable. Architectural shingles with un-even bottom edges or heavy, fake shadow lines are not acceptable. Dark grey, black, dark brown and reddish brown (earth tones) are the most appropriate colors. Red, green and blue shingles are not approproate unless there is documentation that this was the historic color.

Please let me know what color is selected so that I can finish reviewing the application.

Cheers, Paul

Paul Porter
Tax Credit Reviewer-Eastern District

Wisconsin Historical Society 816 State Street, Rm 312





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L) II :	***************

PART 1 – EVALUATION OF SIGNIFICANCE

1.	PROPERTY ADDRESS	Street 2569 N WAHL AVENU	JE .	AHI 30213
		City_MILWAUKEE	County MILWAUKEE	ZIP 53211
	Listed individually i	n the State Register or National	Register. COMPLETE THIS PAG	EONLY
	LISTING NAME_JES	SIE AND JOHN F. KERN HOU!	SE	
	_		storic district. COMPLETE THIS F	PAGE ONLY
	NAME OF HISTORIC	DISTRICT NORTH POINT HIST	ORIC DISTRICT	
	or National Registe	FIFICATION Not listed in State I r historic district - COMPLETE B	Register or National Register or OTH PAGES	located in a State Register
2.	OWNER'S NAME_ALEX	ANDER AND LAUREN LASRY		
	Street 2569 N WAHL A			
	CityMILWAUKEE	State WI ZIP 53211	Telephone (days)	
	Email address_LASRYA	J@GMAIL.COM		
3.	PROJECT CONTACT MA	TT SMIES		
	Email address MATT@C	CUSTOMCRAFT.CC	Telephone (days)) 946-2566
4.			terior of the building to be rehal rly show all sides of the building	
5.	correct and that I own t	he property described above. I be subject to criminal sanctions.	DATE 5/7	n of factual representations
	SEND COMPLETED APPL		Yeservation/Office	2
			orical Society – Room 312 t, Madison, WI 53706	
	the property is listed in the the Historic Homeowner's lithe property contributes to Historic Homeowner's Incorthe property appears to me property for purposes of the NON-CERTIFICATION: the pcontributing element to a Si	ce has reviewed this application and h State Register of Historic Places or Na ncome Tax Credit. the above-named State Register or Nome Tax Credit. et the State Register or National Regis e Historic Homeowner's Income Tax Coroperty is not listed in the State Register Regis	tional Register of Historic Places and is ational Register historic district and is h ster Criteria for Evaluation and, therefo	historic property for purposes of historic property for purposes of the re is determined to be historic er of Historic Places, is not a pt appear to meet the State Register
For D	aina Penkiunas, State Historic	Preservation Officer	Date	



PART 1 – EVALUATION OF SIGNIFICANCE

Property Address_NOT PRELIMINARY CERTIFICATION
INSTRUCTIONS Complete this page of the form ONLY if you are applying for PRELIMINARY CERTIFICATION. Enclose photographs of all sides of the building's exterior, and interior spaces. Also include photographs of the site and any outbuildings (such as garages, barns, or other agricultural buildings). The photographs should clearly illustrate the appearance of the property and its significant features.
6. BUILDING DATA
Date of constructionSource of date
Dates (or approximate dates) and brief description of alterations
Has the building been moved? ☐ Yes ☐ No If yes, when and from where?

7. DESCRIBE WHY THE PROPERTY IS IMPORTANT



PART 2 – DESCRIPTION OF PROPOSED WORK

1.	PROPERTY ADDRESS	Street 2569 N WAH	L AVENUE		
		City_MILWAUKEE		County MILWAUKEE	ZIP 53211
2.	OWNER'S NAME ALEXA	ANDER AND LAURE	N LASRY		
	Street 2569 N WAHL A				
	City_MILWAUKEE	State_Wl	ZIP 53211	Telephone (days)	
	Email address_LASRYAJ	J@GMAIL.COM			
3.	PROJECT CONTACT MAT	TT SMIES			
	Email address MATT@C	CUSTOMCRAFT.CC		Telephone (days)_92	0 /946-2566
4.	in the application may b	the property described be subject to criminal and 30 days of the date of the d	d above. I und sanctions. I for completion tate Historic F	prmation I have provided is, to derstand that the falsification further agree to submit the <i>Rec</i> of work or face forfeiture of a DAT Preservation Office torical Society – Room 312 et, Madison, WI 53706	of factual representations quest for Certification of
	the property is historic prop This is a preliminary determ Certification of Completed V the property is historic prop	ice has reviewed this appli perty and the rehabilitation nination only. Final certific Work has been approved, perty and the rehabilitation a preliminary determinatic	n as described meation can be issued in the second meat the "on only. Final ce	WHS PROJECT No bove name property and has determi neets the "Secretary of the Interior's S ued only after work has been comple "Secretary of the Interior's Standards ertification can be issued only after wo	Standards for Rehabilitation." Ited and a Request for for Rehabilitation" if the attached
For D	Daina Penkiunas, State Historic	: Preservation Officer		Dat	te
NON-	project does not meet the ":	"Secretary of the Interior's	Standards for R	not consistent with the historic charac lehabilitation" for reasons given in the been determined to be historic prop	e attached materials.
For D	Daina Penkiunas, State Historic	c Preservation Officer		Dat	te



PART 2 – DESCRIPTION OF PROPOSED WORK

5a. TAX CREDIT-ELIGIBLE WORK

Below is a list of common eligible work items. If you have a work item that is not on the list, please add it. Select the work for which you plan to claim the 25% tax credit.

Eligible Work	Specific Type		×		Estimated Cost	Start Date	Completion Date
□Doors	□Repair	□Replace	□Front/Rear	□Garage	\$		
□Chimney	□Repair	□Replace	□Chimney Cap	□Liner/Insert	\$		
□Electrical	□Repair	□Update	□New Service	□Wall Repair	\$		
□Foundation	□Repair	□Rebuild	□Waterproofing	□Drain Tile	\$		
□HVAC	□Boiler	☐ Furnace	☐ Water Heater	□AC	\$		
□Masonry	□100%	□Partial			\$		
□Painting	□House	□Trim	□Garage	□Outbuilding	\$		
□Plumbing	□Repair	□Update	□New Service	□Wall Repair	\$		
□Porch	□Repair	□Replace	□New	□Steps	\$		
Roof	Repair	Replace	■Shingles	■Sheathing	\$83,027.29		
	□Gutters	Downspouts	□Soffits	□Facía	\$		
□Siding	□Repair	□Replace	☐Remove artificial		\$		
□Structural	□Columns	□Beams	□Joists	□Trusses	\$		
□Utilities	☐Solar Panels	☐Geo-thermal	□Well/Septic		\$		
□Windows	□Repair	□Replace	☐Storm Windows	□Skylights	\$		
□Other			L		\$		
□Other					\$		
	TOTAL COST				\$ 27,675.76		

5b. INELIGIBLE WORK

Below is a list of common ineligible work items. If you have a work item that is not on the list, please add it. ALL WORK MUST BE REVIEWED REGARDLESS OF ELIGIBLITLY. Include work completed within the last year.

Ineligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
□Driveway	□Repair	□New			\$		
□Fixtures	□Lighting	□Plumbing			\$		
□Insulation	□Wall	□Attic			\$		
□Interior	□Refinish	□Plaster Repair	□Paint		\$		
□Landscaping	□Patio	□Fencing	□Sidewalks		\$		
□New	□New Addition				\$		
□Remodeling	□Kitchen	□Bath	□Attic	□Basement	\$		
□Other		···	-11		\$		
□Other					\$		
□Other					\$		
	TOTAL COST				\$		



PART 2 – ADDITIONAL REQUIRED INFORMATION

6. PHOTOGRAPHS

Enclose clear color photographs of the pre-project conditions of all items listed,

7. ADDITIONAL PROJECT INFORMATION

Describe your project and the materials and methods you propose using on the next page. Submit architect/contractor drawings if applicable. Submit a copy of all contractor estimates. See the chart below for other types of information required.

Proposed Work	Additional Information Required
Construct Deck	Submit drawings showing location, design, materials and finish.
Fencing	Submit manufacturer literature showing location, design, materials and finish.
Doors (exterior)	Submit manufacturer literature showing design, materials and finish.
Insulation	Describe insulation type and installation method.
Masonry Pointing	Submit photos of areas requiring pointing.
Mini-Split System	Show locations of vertical piping and wall units.
New Construction	Submit drawings showing location, design, materials and finish.
Porch	Submit photo of original and drawings showing location, design, materials and finish,
Remodeling	Submit drawings showing existing and proposed interior design.
Replace Roof	Submit specific shingle manufacturer, shingle name and shingle color.
Replace Windows	Submit detailed photos of existing window deterioration (int & ext) & new window information
Storm Windows	Submit manufacturer literature showing design, materials and finish.
Structural	Submit written description of the proposed work and location.



PART 2 – DESCRIPTION OF PROPOSED WORK

7. INSTRUCTIONS Describe each item of your project and the materials and methods you propose

DEMOLITION

- We will remove the existing three (3) layers of roofing to expose the bare roof deck. The debris will be removed from the roof and from the
- premise with full regard to the existing landscape and the existing gutters and downspouts.
- We will be responsible for clean up and debris removal.
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- -Any wood decking replacement will be charged as an extra at a rate of \$55 per sheet. Photos will be taken for reference for all sheets needing replacement.

UNDERLAYMENT

- We will furnish and install CertainTeed Ice & Water Shield 3' @ all eaves, 3' @ valleys and 18" @ all roof intersections and penetrations.
- We will furnish and install CertainTeed synthetic underlayment to cover rest of roof deck not covered by I & W Shield.



REQUEST FOR FIVE YEAR PROJECT PHASING

INSTRUCTIONS If you wish to claim rehabilitation expenses beyond the standard two-year period, you must complete this form and submit it along with the Part 2 application. Make sure that you have listed all of the work in the Part 2 application, then break down the work into annual phases.

1.	PROPERTY ADDRESS			
	Street			
	City			
	ork to be performed in YEAR 1 endar Year			
	ork to be performed in YEAR 2 endar Year			**************************************
	ork to be performed in YEAR 3 endar Year			
	ork to be performed in YEAR 4 endar Year			
	irk to be performed in YEAR 5 endar Year			
í hei	/NER'S CERTIFICATION Preby apply for five-year phasing for the a	above-stated project.	DATE:	
STA	TE HISTORIC PRESERVATION OFFICE USE Of reby approve the phasing plan for this project		WHS PROJECT NO.	
Eor [Daina Penkiunas. State Historic Preservation Offic	icer	Date	



PART 1 – EVALUATION OF SIGNIFICANCE

1.	PROPERTY ADDRESS	Street 2569 N WAHL AVE	NUE						
		City MILWAUKEE	CountyMILWAUKEE	ZIP 53211					
		n the State Register or Natio SIE AND JOHN F. KERN H	onal Register. COMPLETE THIS PAGE OUSE	ONLY					
	Located in a State Register or National Register historic district. COMPLETE THIS PAGE ONLY NAME OF HISTORIC DISTRICT NORTH POINT HISTORIC DISTRICT								
		TIFICATION Not listed in Starrhistoric district - COMPLET	ite Register or National Register or lo E BOTH PAGES	ocated in a State Register					
2.		ANDER AND LAUREN LAS	RY						
	Street 2569 N WAHL A	√ENUE 							
	CityMILWAUKEE	State WI ZIP 532 J@GMAIL.COM	211Telephone (days)						
	Email address LASRYA	J@GMAIL.COM							
3.	PROJECT CONTACT MA								
	Email address MATT@0	CUSTOMCRAFT.CC	Telephone (days)	/946-2566					
4.			exterior of the building to be rehab clearly show all sides of the building.						
5.	correct and that I own t	the property described above the subject to criminal sanction of the subject to criminal sanction of the subject to criminal sanction of the subject to the	nformation I have provided is, to the e. I understand that the falsification ons. DATE 5/7	of factual representations					
	SEND COMPLETED APPL		ic Preservation Office						
			distorical Society – Room 312 creet, Madison, WI 53706						
		810 30806 30	reet, Madison, Wi 33700						
	the property is listed in the the Historic Homeowner's I the property contributes to Historic Homeowner's Inco the property appears to me property for purposes of the NON-CERTIFICATION: the pcontributing element to a S	ice has reviewed this application a State Register of Historic Places o Income Tax Credit. In the above-named State Register of the Tax Credit. The Elate Register or National File Historic Homeowner's Income Topoperty is not listed in the State Register historic district or National File Register historic district district or National File Register historic district distric	and has determined that: r National Register of Historic Places and is b or National Register historic district and is hi Register Criteria for Evaluation and, therefor	storic property for purposes of the e is determined to be historic er of Historic Places, is not a t appear to meet the State Register					
For I	Daina Penkiunas. State Historio	Preservation Officer	Date						



PART 1 – EVALUATION OF SIGNIFICANCE

Property Address NOT PRELIM	INARY CERTIFICATION	
photographs of all sides any outbuildings (such a	of the building's exterior, and inte	pplying for PRELIMINARY CERTIFICATION. Enclose rior spaces. Also include photographs of the site and ural buildings). The photographs should clearly illustrates.
6. BUILDING DATA		
Date of construction	Source of date	
Dates (or approximate dates) a	nd brief description of alterations	_ 110-110-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Has the building been moved?	☐ Yes ☐ No	
If yes, when and from where?_		

7. DESCRIBE WHY THE PROPERTY IS IMPORTANT



PART 2 - DESCRIPTION OF PROPOSED WORK

1.	PROPERTY ADDRESS	Street 2569 N WAH	L AVENUE		
		City_MILWAUKEE		County MILWAUKEE	ZIP 53211
2.	OWNER'S NAME ALEXA	ANDER AND LAURE	N LASRY		
	Street 2569 N WAHL AV				
	CityMILWAUKEE	State WI	ZIP 53211	Telephone (days)	1
	Email address LASRYA	J@GMAIL.COM			
3.	PROJECT CONTACT MA	TT SMIES			
	Email address MATT@C	CUSTOMCRAFT.CC		Telephone (days)_ ⁹²	0 /946-2566
4.	in the application may b	he property described be subject to criminal side and also days of the date of	dabove. I und sanctions. I for from pletion with the same and the same are distoric for fisconsin Historic for the same are disconsin Historic for fisconsin His	prmation I have provided is, to derstand that the falsification urther agree to submit the Report work or face forfeiture of a DAT Preservation Office orical Society – Room 312 et, Madison, WI 53706	of factual representations quest for Certification of ny tax credit claimed for
The S	the property is historic prop This is a preliminary determ Certification of Completed V the property is historic prop conditions are met. This is a Request for Certification of Jaina Penkiunas, State Historic CERTIFICATION	ce has reviewed this application only. Final certification only. Final certification only. Final certification on the rehabilitation apreliminary determination Completed Work has been preservation Officer	as described mation can be issument the "on only. Final cent approved.	pove name property and has determinents the "Secretary of the Interior's used only after work has been completed only after work has been completed only after work has been completed only after work has been can be issued only after work has been can be issued only after work.	Standards for Rehabilitation." Ited and a Request for for Rehabilitation" if the attached ork has been completed and a
_	project does not meet the "	Secretary of the Interior's	Standards for R	ot consistent with the historic chara ehabilitation" for reasons given in th been determined to be historic prop	e attached materials.
For D	aina Penkiunas, State Historio	: Preservation Officer		Da	te

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E.



PART 2 – DESCRIPTION OF PROPOSED WORK

5a. TAX CREDIT-ELIGIBLE WORK

Below is a list of common eligible work items. If you have a work item that is not on the list, please add it. Select the work for which you plan to claim the 25% tax credit.

Eligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
□Doors	□Repair	□Replace	□Front/Rear	□Garage	\$		
□Chimney	□Repair	□Replace	□Chimney Cap	□Liner/Insert	\$		
□Electrical	□Repair	□Update	□New Service	□Wall Repair	\$		
□Foundation	□Repair	□Rebuild	□Waterproofing	□Drain Tile	\$		
□HVAC	□Boiler	☐ Furnace	☐ Water Heater	□ AC	\$		
□Masonry	□100%	□Partial			\$		
□Painting	□House	□Trim	□Garage	□Outbuilding	\$		
□Plumbing	□Repair	□Update	□New Service	□Wall Repair	\$		
□Porch	□Repair	□Replace	□New	□Steps	\$		
Roof	Repair	Replace	■ Shingles	■ Sheathing	\$ 83,027.29		
	□Gutters	□Downspouts	□Soffits	□Facía	\$		
□Siding	□Repair	□Replace	☐Remove artificial		\$		
□Structural	□ Columns	□Beams	□Joists	□Trusses	\$		
□Utilities	□Solar Panels	□Geo-thermal	□Well/Septic		\$		
□Windows	□Repair	□Replace	□Storm Windows	□Skylights	\$		
Other					\$		
□Other					\$		
	TOTAL COST				\$ 27,675.76		

5b. INELIGIBLE WORK

Below is a list of common ineligible work items. If you have a work item that is not on the list, please add it. ALL WORK MUST BE REVIEWED REGARDLESS OF ELIGIBLITLY. Include work completed within the last year.

Ineligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
□Driveway	□Repair	□New			\$		
□Fixtures	□Lighting	□Plumbing			\$		
□Insulation	□Wall	□Attic			\$		
□Interior	□Refinish	□Plaster Repair	□Paint		\$		
□Landscaping	□Patio	□Fencing	□Sidewalks		\$		
□New	☐New Addition				\$		
□Remodeling	□Kitchen	□Bath	□Attic	□Basement	\$		
□Other					\$		
□Other					\$		
□Other					\$		
	TOTAL COST				\$		



PART 2 – ADDITIONAL REQUIRED INFORMATION

6. PHOTOGRAPHS

Enclose clear color photographs of the pre-project conditions of all items listed,

7. ADDITIONAL PROJECT INFORMATION

Describe your project and the materials and methods you propose using on the next page. Submit architect/contractor drawings if applicable. Submit a copy of all contractor estimates. See the chart below for other types of information required.

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PART 2 – DESCRIPTION OF PROPOSED WORK

7. INSTRUCTIONS Describe each item of your project and the materials and methods you propose

DEMOLITION

- We will remove the existing three (3) layers of roofing to expose the bare roof deck. The debris will be removed from the roof and from the
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UNDERLAYMENT

- We will furnish and install CertainTeed Ice & Water Shield 3' @ all eaves, 3' @ valleys and 18" @ all roof intersections and penetrations.
- We will furnish and install CertainTeed synthetic underlayment to cover rest of roof deck not covered by I & W Shield.



REQUEST FOR FIVE YEAR PROJECT PHASING

INSTRUCTIONS If you wish to claim rehabilitation expenses beyond the standard two-year period, you must complete this form and submit it along with the Part 2 application. Make sure that you have listed all of the work in the Part 2 application, then break down the work into annual phases.

1.	PROPERTY ADDRESS		***************************************	
	Street			
	City	County	ZIP	
	rk to be performed in YEAR 1 endar Year			
	rk to be performed in YEAR 2 endar Year			
	rk to be performed in YEAR 3 endar Year			
	rk to be performed in YEAR 4 endar Year			
	rk to be performed in YEAR 5 endar Year			*** *********************************
	/NER'S CERTIFICATION ereby apply for five-year phasing for the ab	oove-stated project.		
SIG	NATURE OF OWNER		DATE:	
	ATE HISTORIC PRESERVATION OFFICE USE ONLI reby approve the phasing plan for this project	Y	WHS PROJECT NO.	
For	Daina Penkiunas - State Historic Preservation Office	r	Date	



PART 1 – EVALUATION OF SIGNIFICANCE

Street 2569 N WAHL AVENUE

1. PROPERTY ADDRESS

	City_MILWAUKEECou	_{inty} MILWAUKEE	ZIP 53211
	Listed individually in the State Register or National Register	. COMPLETE THIS PAGE	ONLY
	Located in a State Register or National Register historic dist		AGE ONLY
	PRELIMINARY CERTIFICATION Not listed in State Register of National Register historic district - COMPLETE BOTH PAG		cated in a State Register
2.	OWNER'S NAME ALEXANDER AND LAUREN LASRY		
	Street 2569 N WAHL AVENUE		
	City_MILWAUKEEState_WIZIP_53211 Email address_LASRYAJ@GMAIL.COM	_Telephone (days)	J
	Email address_LASRYAJ@GMAIL.COM		
3.	NAATT CAMEC		
	Email address MATT@CUSTOMCRAFT.CC	Telephone (days) 920	/946-2566
4.	PHOTOGRAPHS Please enclose photographs of the exterior of in color, at least 4" x 6", commercially printed and clearly show	-	litated. Photos should be
5.	. OWNER'S CERTIFICATION hereby attest that the information correct and that I own the property described above. understain the application may be subject to criminal sanctions. SIGNATURE OF OWNER	•	of factual representations
	SEND COMPLETED APPLICATIONS TO State Historic Preservati		
	Wisconsin Historical Soc 816 State Street, Madiso	·	
	TATE HISTORIC PRESERVATION OFFICE USE ONLY the State Historic Preservation Office has reviewed this application and has determ the property is listed in the State Register of Historic Places or National Register Historic Homeowner's Income Tax Credit. the property contributes to the above-named State Register or National Registoric Homeowner's Income Tax Credit. the property appears to meet the State Register or National Register Criteria property for purposes of the Historic Homeowner's Income Tax Credit. NON-CERTIFICATION: the property is not listed in the State Register of Historic contributing element to a State Register historic district or National Register or National Register Criteria for Evaluation; therefore, the property is not a fincome Tax Credit.	WHS PROJECT NO	istoric property for purposes of storic property for purposes of the e is determined to be historic of Historic Places, is not a tappear to meet the State Register
For (or Daina Penkiunas, State Historic Preservation Officer	Date	



PART 1 – EVALUATION OF SIGNIFICANCE

Property Address NOT PRELIMINARY CERTIFICATION
INSTRUCTIONS Complete this page of the form ONLY if you are applying for PRELIMINARY CERTIFICATION. Enclose photographs of all sides of the building's exterior, and interior spaces. Also include photographs of the site and any outbuildings (such as garages, barns, or other agricultural buildings). The photographs should clearly illustrathe appearance of the property and its significant features.
6. BUILDING DATA
Date of construction Source of date
Dates (or approximate dates) and brief description of alterations
Has the building been moved? ☐ Yes ☐ No If yes, when and from where?

7. DESCRIBE WHY THE PROPERTY IS IMPORTANT



PART 2 – DESCRIPTION OF PROPOSED WORK

1.	PROPERTY ADDRESS	Street 2569 N WAH	L AVENUE		
		City_MILWAUKEE		County MILWAUKEE	ZIP 53211
2.	OWNER'S NAME ALEX	ANDER AND LAURE	N LASRY		
	Street 2569 N WAHL A	VENUE			
	City MILWAUKEE	State WI	ZIP 53211	Telephone (days)	/
	Email address LASRYA.	J@GMAIL.COM			
3.	PROJECT CONTACT MA				
	Email address MATT@0	CUSTOMCRAFT.CC		Telephone (days)_ ⁹²	0 /946-2566
4.	in the application may b	he property described be subject to criminal 30 days of the date o	d above. I un sanctions. I f f completion James de Historic Frisconsin Hist	prmation I have provided is, to derstand that the falsification urther agree to submit the <i>Re</i> of work or face forfeiture of a DAT Preservation Office orical Society – Room 312 et, Madison, WI 53706	of factual representations quest for Certification of any tax credit claimed for
The S	the property is historic property is historic property is a preliminary determ Certification of Completed the property is historic property is historic property is made and the property is historic property is historic and the property is historic and the property is historic property in the property in the property is historic property in the property in the property is historic property in the property in the property is historic property in the property in the property is historic property in the property in the property is historic property in the property in the property is historic property in the property in the property is historic property in the property in the property is historic property in the property is historic property in the property is historic property in the property in the property is historic property in the property in the property is historic property in the property in the property is historic property in the property in the property is historic property in the property in the property is historic property in the	ice has reviewed this applicently and the rehabilitation innation only. Final certific Work has been approved. Serty and the rehabilitation a preliminary determination Completed Work has been approved. Preservation Officer	n as described mation can be issued in will meet the "on only. Final cent approved. The chabilitation is restandards for Rest	WHS PROJECT Nove name property and has determined to the "Secretary of the Interior's used only after work has been completed only after work has been completed only after work has been can be issued only after work only after work on the consistent with the historic charal ehabilitation" for reasons given in the been determined to be historic property.	Standards for Rehabilitation." Ited and a Request for for Rehabilitation" if the attached fork has been completed and a te cter of the property and that the e attached materials.
For D	aina Penkiunas, State Historio			Da	*

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PART 2 – DESCRIPTION OF PROPOSED WORK

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□Chimney	□Repair	□Replace	□Chimney Cap	□Liner/Insert	\$		
□Electrical	□Repair	□Update	□New Service	□Wall Repair	\$		
□Foundation	□Repair	□Rebuild	□Waterproofing	□Drain Tile	\$		
□HVAC	□Boiler	☐ Furnace	☐ Water Heater	□ AC	\$		
□Masonry	□100%	□Partial			\$		
□Painting	□House	□Trim	□Garage	□Outbuilding	\$		
□Plumbing	□Repair	□Update	□New Service	□Wall Repair	\$		
□Porch	□Repair	□Replace	□New	□Steps	\$		
Roof	Repair	Replace	Shingles	■Sheathing	\$ 83,027.29		
	□Gutters	□Downspouts	□Soffits	□Facía	\$		
□Siding	□Repair	□Replace	☐Remove artificial		\$		
□Structural	□Columns	□Beams	□Joists	□Trusses	\$		
□Utilities	□Solar Panels	☐Geo-thermal	□Well/Septic		\$		
□Windows	□Repair	□Replace	□Storm Windows	□Skylights	\$		
□Other			A		\$		
□Other					\$		
	TOTAL COST				\$ 27,675.76		

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□Insulation	□Wall	□Attic			\$		
□Interior	□Refinish	□Plaster Repair	□Paint		\$		
□Landscaping	□Patio	□Fencing	□Sidewalks		\$		
□New	☐New Addition				\$		
□Remodeling	□Kitchen	□Bath	□Attic	□Basement	\$		
□Other			1		\$		
□Other					\$		
Other					\$		
	TOTAL COST				\$		



PART 2 – ADDITIONAL REQUIRED INFORMATION

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Enclose clear color photographs of the pre-project conditions of all items listed.

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1.	PROPERTY ADDRESS			
	Street			
	City	County	ZIP	
	ork to be performed in YEAR 1 lendar Year			
	ork to be performed in YEAR 2 lendar Year			
	ork to be performed in YEAR 3 lendar Year			
	ork to be performed in YEAR 4 lendar Year			
	ork to be performed in YEAR 5 lendar Year			
The	WNER'S CERTIFICATION ereby apply for five-year phasing for the a	above-stated project.	DATE:	
STA	ATE HISTORIC PRESERVATION OFFICE USE OF ereby approve the phasing plan for this project	NLY	WHS PROJECT NO.	
_	Delia Bashingas State Historic Processition Offi	icor	Date	

Penzkover, Leah X - WHS

From:

To: Subject:	Tuesday, May 21, 2024 8:17 AM
Judjeut.	marriq@aol.com; mquinones@avenuecapital.com RE: maritza quinones shared "2569 n wahl" with you
Good morning Maritza,	
	olication you sent, thank you. The dropbox folder for the images is empty. when you've finished uploading the photos.
Best, Leah Penzkover Architecture and History Invent State Historic Preservation Offic Wisconsin Historical Society 816 State St. Madison WI 53706	
Wisconsin Historical Society Collecting, Preserving, and Shar	ing Stories Since 1846
From: maritza quinones (via D	ranhay) <na-renly@dranhay.com></na-renly@dranhay.com>
Sent: Monday, May 20, 2024 1	2:38 PM Leah.Penzkover@wisconsinhistory.org>
Sent: Monday, May 20, 2024 1 To: Penzkover, Leah X - WHS < Subject: maritza quinones shall CAUTION: This email origina	2:38 PM Leah.Penzkover@wisconsinhistory.org>
Sent: Monday, May 20, 2024 1 To: Penzkover, Leah X - WHS < Subject: maritza quinones shall CAUTION: This email origina	2:38 PM Leah.Penzkover@wisconsinhistory.org> red "2569 n wahl" with you ted from outside the organization.

Penzkover, Leah X - WHS

Penzkover, Leah X - WHS

From: Sent: Penzkover, Leah X - WHS Friday, May 3, 2024 10:28 AM

To:

Alexander Lasry

Subject:

FW: Homeowner's Tax Credit Applications

Attachments:

HPR-Homeowner-Tax-Credit-Applications-2019 2.pdf

Good afternoon,

I'm following up regarding these missing components to your tax credit application. If I do not hear back from you by 5/30 (the end of the month) we will assume you have chosen to withdraw your application.

Best,

Leah Penzkover
Architecture and History Inventory Coordinator
State Historic Preservation Office
Wisconsin Historical Society
816 State St.
Madison WI 53706

Wisconsin Historical Society

Collecting, Preserving, and Sharing Stories Since 1846

From: Penzkover, Leah X - WHS

Sent: Wednesday, April 17, 2024 3:33 PM

To: lasryaj@gmail.com

Cc: Porter, Paul R - WHS <paul.porter@wisconsinhistory.org>; Bissen, Katherine - WHS

<kate.bissen@wisconsinhistory.org>

Subject: Homeowner's Tax Credit Applications

Good afternoon,

We have received your applications, thank you. However, there are a few issues to address before the applications can move forward to the review process.

First, each application must be submitted with current photos (taken in the last 30 days) of all four sides of the exterior of the building. These photos must be printed on 4x6 color photo prints and mailed to our office, or jpeg files sent to me through a file sharing service such as wetransfer or dropbox. Google drive hasn't been working for us lately. We cannot accept photos printed on computer paper, or other file types like PDF or .heic (iphone).

Next, the application forms must be signed and dated on the Part 1 and Part 2. What we have received is not signed or dated.

Penzkover, Leah X - WHS

From:

Penzkover, Leah X - WHS

Sent:

Wednesday, April 17, 2024 3:33 PM

To:

lasryaj@gmail.com

Cc:

Porter, Paul R - WHS; Bissen, Katherine - WHS

Subject:

Homeowner's Tax Credit Applications

Attachments:

HPR-Homeowner-Tax-Credit-Applications-2019 2.pdf

Good afternoon,

We have received your applications, thank you. However, there are a few issues to address before the applications can move forward to the review process.

First, each application must be submitted with current photos (taken in the last 30 days) of all four sides of the exterior of the building. These photos must be printed on 4x6 color photo prints and mailed to our office, or jpeg files sent to me through a file sharing service such as wetransfer or dropbox. Google drive hasn't been working for us lately. We cannot accept photos printed on computer paper, or other file types like PDF or .heic (iphone).

Next, the application forms must be signed and dated on the Part 1 and Part 2. What we have received is not signed or dated.

Finally, each application must have between \$10,000 and \$40,000 worth of eligible work. Currently, you have submitted two applications with \$40,000 and one with a little more than \$3,000. Please find a blank application attached to this email. You will need to fill out new applications with the work spread over them so that each application has costs which fall between \$10,000 and \$40,000. Any easy way to do this would be to divide the total cost by 3 and put a third of the cost on each new application.

As long as these new applications are signed and dated, you can send them back to me as email attachments, or you can mail them if you would prefer.

Once we have corrected, completed application and the required photos, the applications will move forward to the review process.

Best,

Leah Penzkover Architecture and History Inventory Coordinator State Historic Preservation Office Wisconsin Historical Society 816 State St. Madison WI 53706

Wisconsin Historical Society

Collecting, Preserving, and Sharing Stories Since 1846





BY:

HISTORIC HOMEOWNER'S INCOME TAX CREDIT APPLICATION

PART 1 – EVALUATION OF SIGNIFICANCE

1.	PROPERTY ADDRESS	Street 2569 N WA	HL AVENUE		
		City_MILWAUKEE		County_MILWAUKEE	ZIP 53211
	Listed individually in			egister. COMPLETE THIS PA	GE ONLY
		SIE AND JOHN F. K			-
		Register or National DISTRICT <u>NORTH</u> P		ric district. COMPLETE THIS	S PAGE ONLY
	PRELIMINARY CERT		ed in State Reg	gister or National Register o	or located in a State Register
2.	OWNER'S NAME_ALEXA	ANDER ASRY			
	Street 2569 N WAHL A	/ENUE			
	City MILWAUKEE Email address LASRYA	State_WI	ZIP 53211	Telephone (days)	
	Email address_LASRYA	J@GMAIL.COM			
3.	PROJECT CONTACT MAT				
	Email address_MATT@C	USTOMCRAFT.CC		Telephone (days) _	920 / 946-2566
4.				ior of the building to be reh show all sides of the buildin	nabilitated. Photos should be ng.
5.		he property describe	ed above. Tun		the best of my knowledge, ion of factual representations
	SIGNATURE OF OWNER			DATE	
	SEND COMPLETED APPL	Wisc	onsin Historic	ervation Office al Society – Room 312 Aadison, WI 53706	
STA	TE HISTORIC PRESERVATION	OFFICE USE ONLY		WHS PROJECT NO.	4
The \$	the Historic Homeowner's In the property contributes to Historic Homeowner's Incom	State Register of Historic acome Tax Credit. the above-named State F ne Tax Credit. et the State Register or N Historic Homeowner's I	Places or Nation Register or Nation lational Register (ncome Tax Credit	determined that: al Register of Historic Places and nal Register historic district and is Criteria for Evaluation and, there	is historic property for purposes of s historic property for purposes of the fore is determined to be historic
	contributing element to a Sta	ate Register historic distr	ict or National Re	of Historic Places or National Regi egister historic district, and does	ister of Historic Places, is not a not appear to meet the State Register oses of the Historic Homeowner's



PART 1 – EVALUATION OF SIGNIFICANCE

Property Address NOT PRELIMINARY CERTIFICATION
INSTRUCTIONS Complete this page of the form ONLY if you are applying for PRELIMINARY CERTIFICATION. Enclose photographs of all sides of the building's exterior, and interior spaces. Also include photographs of the site and any outbuildings (such as garages, barns, or other agricultural buildings). The photographs should clearly illustrate the appearance of the property and its significant features.
6. BUILDING DATA
Date of constructionSource of date
Dates (or approximate dates) and brief description of alterations
Has the building been moved?

7. DESCRIBE WHY THE PROPERTY IS IMPORTANT



PART 2 – DESCRIPTION OF PROPOSED WORK

1.	PROPERTY ADDRESS	Street 2569 N WAH	IL AVENUE		
		CityMILWAUKEE		_County_MILWAUKEE	ZIP 53211
2.	OWNER'S NAME ALEXA		N LASRY	· · · · · · · · · · · · · · · · · · ·	
	CityMILWAUKEE	State_WI	ZIP_53211	Telephone (days)_	
	Email address_LASRYA				- H •
3.	PROJECT CONTACT_MA				
	Email address MATT@C	CUSTOMCRAFT.CC		Telephone (days)_92	946-2566
4.	in the application may b	the property describe to esubject to criminal 30 days of the date	d above. I und sanctions. I for completion that the Historic P. Wisconsin Historic P. P. Wisconsin Histor	provided is, to derstand that the falsification urther agree to submit the Re of work or face forfeiture of a DA Preservation Office orical Society – Room 312 et, Madison, WI 53706	of factual representations equest for Certification of any tax credit claimed for
The S	the property is historic prop This is a preliminary determ Certification of Completed \ the property is historic prop conditions are met. This is a Request for Certification of aina Penkiunas, State Historic CERTIFICATION THE OWNER MAY NOT CLAI project does not meet the "	ce has reviewed this apploerty and the rehabilitation only. Final certific Work has been approved. Serty and the rehabilitation a preliminary determination Completed Work has been approved. Preservation Officer M THE TAX CREDIT. The reservatory of the Interior's	n as described meation can be issuential meet the "con only. Final center approved. The body the content of th	WHS PROJECT Nove name property and has determents the "Secretary of the Interior's and only after work has been completed only after work has been can be issued only after work consistent with the historic charached been determined to be historic property.	nined that: Standards for Rehabilitation." eted and a Request for s for Rehabilitation" if the attached work has been completed and a ete acter of the property and that the ne attached materials.
For Da	aina Penkiunas, State Historic	Preservation Officer		Da	ate



PART 2 – DESCRIPTION OF PROPOSED WORK

5a. TAX CREDIT-ELIGIBLE WORK

Below is a list of common eligible work items. If you have a work item that is not on the list, please add it. Select the work for which you plan to claim the 25% tax credit.

Eligible Work	Specific Type				Estimated Cost	Start Date	Completion Date
□Doors	□Repair	□Replace	□Front/Rear	□Garage	\$		
□Chimney	□Repair	□Replace	□Chimney Cap	□Liner/Insert	\$		
□Electrical	□Repair	□Update	□New Service	□Wall Repair	\$		
□Foundation	□Repair	□Rebuild	□Waterproofing	☐Drain Tile	\$		
□HVAC	□Boiler	☐ Furnace	☐ Water Heater	□AC	\$		
□Masonry	□100%	□Partial			\$		
□Painting	□House	□Trim	□Garage	□Outbuilding	\$		
□Plumbing	□Repair	□Update	□New Service	□Wall Repair	\$		
□Porch	□Repair	□Replace	□New	□Steps	\$		
Roof	Repair	Replace	■Shingles	■Sheathing	\$ 3,027.29		
	□Gutters	□Downspouts	□Soffits	□Facia	\$		
□Siding	□Repair	□Replace	☐Remove artificial		\$		
□Structural	□Columns	□Beams	□Joists	□Trusses	\$		
□Utilities	□Solar Panels	□Geo-thermal	□Well/Septic		\$		
□Windows	□Repair	□Replace	□Storm Windows	□Skylights	\$		
□Other		1.			\$		
□Other					\$		
	TOTAL COST				\$ 3,027.29		1

5b. INELIGIBLE WORK

Below is a list of common ineligible work items. If you have a work item that is not on the list, please add it. ALL WORK MUST BE REVIEWED REGARDLESS OF ELIGIBLITLY. Include work completed within the last year.

Ineligible Work	ork Specific Type					Start Date	Completion Date
□Driveway	□Repair	□New			\$		
□Fixtures	□Lighting	□Plumbing			\$		
□Insulation	□Wall	□Attic			\$		
□Interior	□Refinish	□Plaster Repair	□Paint		\$		
□Landscaping	□Patio	□Fencing	□Sidewalks		\$		
□New	□New Addition				\$		
□Remodeling	□Kitchen	□Bath	□Attic	□Basement	\$		
□Other					\$		
□Other					\$		
□Other					\$		
	TOTAL COST				\$		